

# Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 0000000532	FILING DATE				
							APPLICANT(S)					
							CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2							52					
3							53					
4	1						54					
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43							93					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1						TOTAL IND.					
TOTAL DEP.	2						TOTAL DEP.					
TOTAL CLAIMS	3						TOTAL CLAIMS					